

Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

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Incident Information

URN: 9 1 0 - 0 4 1 5 7 - 2 1 3 7 - 1 4 5		Date: 030910	Time: 0830
Location: [REDACTED] E. 124th Street	City or Station: Compton		
Bureau/Station/Facility: CENTURY STATION	Admin. Investigation: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Type of Force: SIGNIFICANT / PERSONAL WEAPONS / CHEMICAL SPRAY			
Deputy Injury: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Suspect Injury: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
<input checked="" type="checkbox"/> Call	<input type="checkbox"/> Observation	<input type="checkbox"/> Detail	<input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Vehicle Pursuit
IAB Notified: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Person Notified: Lt. Grimaldi	Emp: [REDACTED]	IAB Roll Out: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

Involved Employee

E1	Employee # [REDACTED]	Last Name: Rodriguez	First Name: Juan	Middle Name: P
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: CENTURY STATION	Work Assignment (Unit #, Module, etc.): 213B	
Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 6'02"	Weight: 250
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: N/A	Coroner Case # N/A		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>	

E2	Employee # [REDACTED]	Last Name: [REDACTED]	First Name: [REDACTED]	Middle Name: [REDACTED]
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: CENTURY STATION	Work Assignment (Unit #, Module, etc.): [REDACTED]	
Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 5'11"	Weight: 210
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: N/A	Coroner Case # N/A		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>	

E	Employee # [REDACTED]	Last Name: [REDACTED]	First Name: [REDACTED]	Middle Name: [REDACTED]
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: [REDACTED]	Unit of Assignment: [REDACTED]	Work Assignment (Unit #, Module, etc.): [REDACTED]	
Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: [REDACTED]	Weight: [REDACTED]
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: [REDACTED]	Coroner Case # [REDACTED]		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>	

☐ Additional Involved Employees

On Duty Supervisor

Emp. # [REDACTED]	Last Name: Furman	First Name: Robert	Middle Name: [REDACTED]	Rank: SGT	Present: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Witness to Incident: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Emp. # [REDACTED]	Last Name: [REDACTED]	First Name: [REDACTED]	Middle Name: [REDACTED]	Rank: [REDACTED]	Present: YES <input type="checkbox"/> NO <input type="checkbox"/>	Witness to Incident: YES <input type="checkbox"/> NO <input type="checkbox"/>

Watch Sergeant

Emp. # [REDACTED]	Last Name: Mendoza	First Name: Jose	Middle Name: [REDACTED]
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Watch Commander

Emp. # [REDACTED]	Last Name: Perry	First Name: Jeffrey	Middle Name: [REDACTED]
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Lt. Jeffrey Perry

Watch Commander (Print Name)

Watch Commander's Signature: [Signature]

Emp #: [REDACTED]

Date: 3/23/10

Sgt. Robert Furman

Supervisor Completing Form: (Print Name) Emp #: [REDACTED]

Copy Provided to Employee by: [REDACTED]

Emp #: [REDACTED]

Captain James J. Hellmold

Unit Commander (Print Name)

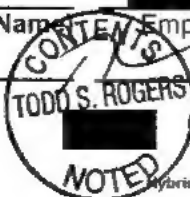
Unit Commander's Signature: [Signature]

Emp #: [REDACTED]

Date: 4/15/10

DISCOVERY Use Only

FO# 226 5055



07-5-11
11-9-10

Supervisor's Report on Use of Force SUSPECT INFORMATION

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S 1

Suspect Information											
Last Name			Jackson		First Name		Carlee		Middle Name	NMN	
AKA Last Name					First Name				Middle Name		
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Street Address:			City:		State & Zip Code:			
		B									
Work Phone:		Home Phone:		Age:	36	Height:	511	D.O.B.	082674	Weight:	210
										Armed?	<input type="checkbox"/>
Booking #:		2255405		Primary Charge Code:		273.5 PC		Secondary Charge Code:		69 PC	
										Criminal History	
EMT in attendance?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Name:			LACFD Captain Clayton		Unit:		Eng. Co. 41
											Phone #:
Hospital Admission?		<input type="checkbox"/>		Rec'd Treatment At:			St. Francis Medical Center		Coroner Case #:		N/A
											Mental History
By Doctor:		Viet Dzung		Address:			3630 E. Imperial Highway, Lynwood Ca		Phone #:		(310)900-4525
Under Influence:		<input type="checkbox"/> YES <input type="checkbox"/> NO		Substance:			Unknown				Mental Illness
											<input type="checkbox"/>

S

Suspect Information											
Last Name					First Name				Middle Name		
AKA Last Name					First Name				Middle Name		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Street Address:			City:		State & Zip Code:			
Work Phone:		Home Phone:		Age:		Height:		D.O.B.		Weight:	
										Armed?	<input type="checkbox"/>
Booking #:				Primary Charge Code:				Secondary Charge Code:			
										Criminal History	
EMT in attendance?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Name:					Unit:		
											Phone #:
Hospital Admission?		<input type="checkbox"/>		Rec'd Treatment At:					Coroner Case #:		
											Mental History
By Doctor:				Address:					Phone #:		
Under Influence:		<input type="checkbox"/> YES <input type="checkbox"/> NO		Substance:							Mental Illness:
											<input type="checkbox"/>

S

Suspect Information											
Last Name					First Name				Middle Name		
AKA Last Name					First Name				Middle Name		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Street Address:			City:		State & Zip Code:			
Work Phone:		Home Phone:		Age:		Height:		D.O.B.		Weight:	
										Armed?	<input type="checkbox"/>
Booking #:				Primary Charge Code:				Secondary Charge Code:			
										Criminal History	
EMT in attendance?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Name:					Unit:		
											Phone #:
Hospital Admission?		<input type="checkbox"/>		Rec'd Treatment At:					Coroner Case #:		
											Mental History
By Doctor:				Address:					Phone #:		
Under Influence:		<input type="checkbox"/> YES <input type="checkbox"/> NO		Substance:							Mental Illness
											<input type="checkbox"/>

☐ Additional Suspects Involved

Supervisor's Report on Use of Force EMPLOYEE / NON-EMPLOYEE INFORMATION

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Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.
			59	
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.

☐ Additional Witness

9 1 0 - 0 4 1 5 7 - 2 1 3 7 - 1 4 5

Method

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Stinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Sting Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

Type of Injury

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

Body Part Injured

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

[illegible]

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Force Applied

PERSONAL WEAPONS (HANDS) / O.C. SPRAY

Incident Details

Suspect Carlee Jackson fled the scene of a domestic violence incident and was seen by neighbors hiding behind a nearby home. Deputies Rodriguez and [REDACTED] located him attempting to climb a fence. They repeatedly ordered him to stop and lie down. As Jackson struggled to climb the fence, Deputy Rodriguez pulled Jackson from the fence. Jackson turned and faced Deputy Rodriguez, and raised his fists to punch him. To prevent being hit, Deputy Rodriguez punched Jackson in the face, knocking him to the ground. Jackson immediately reached toward his waist band. Deputies did not know if Jackson was armed and believed he was retrieving a weapon. Jackson physically resisted Deputy [REDACTED] efforts to place his hands behind his back. Deputy [REDACTED] punched Jackson in his upper body to overcome Jackson's resistance and to prevent him from retrieving any weapon. Deputy Rodriguez punched Jackson twice more on the head area to overcome the suspect's resistance. Jackson continued to resist and would not remove his arms from under his abdomen. Deputy [REDACTED] deployed a burst of OC spray directly to Jackson face after which Jackson submitted to handcuffing without further incident.

Reported Use of Force by Involved Employee(s)

Deputies Rodriguez and [REDACTED] prepared written reports consistent with the verbal notification provided to me in the field.

Witness Interview(s)

Mr. [REDACTED]
I spoke with Mr. [REDACTED] in his back yard. The conversation was recorded on video. Detective Pablo Partida was present to translate.

Mr. [REDACTED] said he was working in his back yard. He did not see what had happened but heard Deputies yelling for someone to stop. He saw the deputies run into the property just west of him. He did not see the suspect until after he was being escorted to the street. He said the deputies gave him plenty of time to stop. He believes the suspect was running and fell down. He started screaming before the deputies even approached him. The property line is covered with vegetation so he could not see, but he could hear the deputies tell the suspect to stop several times. Moments later, he saw the deputies escorting the suspect to the street where the suspect sat down on the curb in front of his home.

Mr. [REDACTED]
Mr. [REDACTED] was reluctant to be recorded on video, however the conversation was recorded. Mr. [REDACTED] told me he was in front of his home when he saw two deputies run westbound along the front of his home. The deputies turned into the back of the property next to his. He went into the house to alert his [REDACTED]

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The next thing he heard was deputies yelling "get on the ground...don't move!" He heard another voice screaming. He walked out to see what was happening. It seemed that the deputies had already detained the suspect by the time he saw anything. He saw the deputies helping the suspect up from the ground. They were toward the west side of the neighbor's property between a van and the fence. The suspect was handcuffed when the deputies escorted him to the street. Mr. [REDACTED] did not see how the suspect was detained, however he did see the deputies help him up and walk him to the street. He did not see the deputies hit or kick the suspect after they helped him up from the ground.

Ms. [REDACTED]

Sergeant Ruben Naranjo spoke with Ms. [REDACTED] FH/[REDACTED] She lived in the [REDACTED] house at [REDACTED] [REDACTED] Suspect Jackson was detained in front of her home, between her van and the fence. She told Sgt. Naranjo she was not aware that an incident occurred in front of her home. She was inside watching television and did not hear or see anything

Suspect Interview(s)

Suspect Interview(s) Conducted By: ☒ Watch Commander ☒ Supervising Sergeant

Lt. Perry and I conducted a video taped interview with Mr. Jackson at St. Francis Medical Center.

Mr. Jackson admitted he and his [REDACTED] had an argument, but he denied hitting her. He insisted she had hit him repeatedly on the head and that he defended himself. When she called police, he fled because of some outstanding warrants. He was paranoid and did not want to go to jail. Mr. Jackson acknowledged he was trying to climb a fence when the Deputies caught him. He denied assaulting Deputy Rodriguez and resisting their effort to arrest him. Mr. Jackson alleged the Deputies handcuffed him, then kicked, beat, and pepper sprayed him for no reason. Mr. Jackson said he did not have a problem with being caught and arrested, he had a problem with being beaten.

Medical Review

Mr. Jackson had visible injuries to his head and face. He complained of pain to his chest and right hip. He claimed the incident aggravated a pre existing hip injury. He said his hip had been fractured as the result of being shot in an earlier incident unrelated to this arrest.

Mr. Jackson's right eye was swollen shut. Dried blood was present around his nose and mouth. Mr. Jackson was treated by medical personnel under the direction of Dr. Viet Duong. X-rays revealed a fracture to the right side of Mr. Jackson's face. No additional injury was noted. Mr. Jackson was cleared for booking with follow up instruction and subsequently released.

Sergeant Long spoke with Dr. Duong. He stated the injury was consistent with blunt force trauma to the face. The extent of the injury was not clear at the time due to the swelling. Dr. Duong was uncooperative and would not provide any additional details.

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Training & Tactical Review

☒ **Debriefing held to discuss training and tactical issues.**

I discussed the incident with both Deputy [REDACTED] and Rodriguez. Both were open to the discussion. The deputies went to the location where they last saw the suspect to set up a containment. They then saw the suspect climbing the fence. The suspect was struggling on the fence and was at a disadvantage, so they decided to detain him. They did not deploy pepper spray while the suspect was on the fence because he may fall off the fence and injure himself. Furthermore, they were in a confined space between a van and the fence which would have exposed the deputies to the pepper spray. After Deputy Rodriguez pulled the suspect from the fence, the suspect chose to fight rather than cooperate. When the suspect reared his fists, Deputy Rodriguez' chose to defend himself with his most available and accessible weapon in the small space, which were his hands. When the suspect reached for his waistband, the deputies chief concern was that the suspect may be armed. The effective use of control holds and strikes, followed by a direct use of O.C spray to the suspect's face, seemed appropriate in order to gain control of Mr. Jackson's hands and handcuff him. The option of considering immobilizing the suspect's hands as a first alternative, prior to using personal weapons was discussed with the deputies.

Watch Commander's Review

After reviewing the details of the incident, the Deputy's report, the video documentation, and statements from the suspect, I formed the opinion that this use of force was objectively reasonable and consistent with Department policy and force training.

Case Status

This case was forwarded to the Los Angeles County District Attorney's Office for filing consideration.